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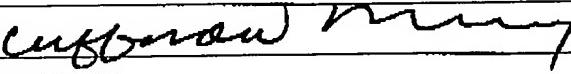
AUG 08 2005

WEMMH/SB/21 (4/03)

TRANSMITTAL FORM		Application Number 10/086,213
(to be used for all correspondence after initial filing)		Filing Date February 28, 2002
Total Number of Pages in this Submission	27	First Named Inventor Christopher MORGAN
		Group Art Unit 1641
		Examiner Name Gailene Gabel
		Attorney Docket Number 16629-3

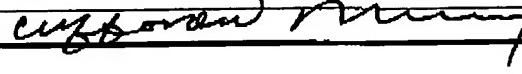
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached see PTO-2038 form <input checked="" type="checkbox"/> Amendment Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request - 3 months <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure (please identify below) <input type="checkbox"/> Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Clifford W. Browning Woodard, Emhardt, Moriarty, McNett & Henry LLP		
Signature			
Date	August 8, 2005		

Certificate of Mailing

I hereby certify that this correspondence is being telefaxed to the United States Patent and Trademark Office, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 via Telefax No. 571-273-8300 on this date: August 8, 2005

Typed or printed name	Clifford W. Browning, Reg. No. 32,201		
Signature			
	Date	August 8, 2005	

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WEMMH/SB/17 (12/04)

OMB 0651-0032

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FEE TRANSMITTAL FOR FY 2005

Effective 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).
 Applicant claims small entity status. See 37 CFR 1.27

Total Amount of Payment (\$ 510.00)

Complete if Known

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Application Number	10/086,213
Filing Date	February 28, 2002
First Named Inventor	Christopher MORGAN
Group Art Unit	1641
Examiner Name	Gailene Gabel
Attorney Docket Number	16629-3

AUG 08 2005

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other None Other (please identify): _____

Deposit Account: Deposit Account Number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP

See PTO 2038 Form

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees

 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION:

1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	\$ 0
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50 25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200 100
Multiple dependent claims	360 180

Total Claims

Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
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$$20 - 7 = 0 \times 25 = (\$) 0$$

(HP = highest number of total claims paid for, if greater than 20)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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Fee Fee Paid (\$)

$$360 \quad \$ 0$$

$$1 - 7 = 0 \times 100 = (\$) 0$$

(HP = highest number of independent claims paid for, if greater than 3)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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$$-100 = -/50 = \text{round up to a whole number} \times = 0$$

Fee Paid (\$)

0

4. OTHER FEE(S)

Non-English Specification.

Other: 3 mo. Extension of time/ Small Entity \$510.00

SUBMITTED BY:

Name (Print/Type):	Clifford W. Browning	Registration No.: (Attorney/Agency)	32,201	Telephone:	(317) 634-3456
Signature:	<i>Clifford W. Browning</i>			Date:	August 8, 2005

CERTIFICATE OF MAILING OR TRANSMISSION

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Name (Print/Type):	Sandra L. Stilz	Date:	August 8, 2005
Signature:	<i>Sandra L. Stilz</i>		